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PTO/SB/83 (01-06)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/072,852	
Filing Date	2/5/02	
First Named Inventor	Cao	
Art Unit		
Examiner Name		
Attorney Docket Number	5061.11	

P.O. 6	missioner fo Box 1450 Indria, VA 22									
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
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The reasor	The reasons for this request are:									
CORRESPONDENCE ADDRESS										
					I LOC	<u>'</u>				
1. _ Th	e corresponde	ence address is NOT affected by this	withdra	wal.						
2. Change the correspondence address and direct all future correspondence to:										
The a	ddress associ	ated with Customer Number:								
OR		_								
	m <i>or</i> ividual Name	CAO Group, Inc.								
Address		4358 South Skyhawk Drive							•	
City		West Jordan	State	UT				Zip	84084	
Country		USA								
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Signature										
Name	Daniel McCarth	у			Regis	tration	No. 3	6,600		
Date	ate III Tele				Telep	lephone No. 8016618998				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

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